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Application No: 10/795,269
inventor: Edwin Rivera

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- 1) Preliminary Amendment
- 2) Supplemental Declaration
- 3) Credit Card Payment Form.

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Office of Initial Patent Examination

Telephone Interview Summary

Original Application Number:

10/785 269

Name of Contact:

Eduin Rivera

Phone Number:

305 740-6788

Per telephone conversation with the applicant on _____, the following instructions have been given:

Called Customer Credit Card Decline.
Mr. Rivera never fill in new Credit
Card form.

M. Evans-Terrell

(Please print name)

OIPE Customer Service

PTO/SB/21 (09-06)

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FORM**

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Total Number of Pages in This Submission

12

Application Number

10/785,269

Filing Date

02/24/2004

First Named Inventor

EDWIN RIVERA

Art Unit

644 3626

Examiner Name

NAJARIAN, LENA

Attorney Docket Number

10031

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks 1) Preliminary Amendment 2) Supplemental Declaration 3) Credit Card payment for Supplemental	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Ruben Alcoba, Esq.		
Signature	<i>Rubén Alcoba</i>		
Printed name	Rubén Alcoba, Esq.		
Date	10/6/06	Reg. No.	44499

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Signature	<i>Rubén Alcoba</i>	Date	12/20/06
Typed or printed name	Rubén Alcoba, Esq.	Date	10/6/06

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